

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/18/2000

PRODUCER
Arthur J. Gallagher & Co.
12444 Powerscourt Drive
St. Louis, MO 63131

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Atlas Van Lines, Inc. et al

P.O. Box 509
Evansville, IN 47703-0509

INSURER A: Legion Insurance Comapany
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	A f liability er & Co. does event of depl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NONOWNED AUTOS Cargo Liability	BA1-000100	7/1/2000	7/1/2001	EACH OCCURRENCE	\$ Included
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$ Included
					GENERAL AGGREGATE	\$ \$1,000,000
					PRODUCTS - COMP/OP AGG	\$ Included
					* The limits shown reflect the limits at inception.	
						\$
						\$ 1,000,000
						\$
GARAGE LIABILITY *					(Per accident)	
ANY AUTO					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACCT	\$
					AUTO ONLY: AGG	\$
.LIABILITY *					EACH OCCURRENCE	\$
<input type="checkbox"/> CLAIMS MADE					AGGREGATE	\$
CTIBLE						\$
NTION \$ \$						\$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					IDENT	\$
					- EA EMPLOYEE	\$
OTHER					- POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
U.S. DEPARTMENT OF ENERGY
C/O OAK RIDGE NATIONAL LABORATORY
P.O. BOX 2008
BUILDING 602G, MAIL STOP 6413
OAK RIDGE, TN 37831

ADDITIONAL INSURED; INSURER LETTER: CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE